_		37-340	
С	CHILD'S ATTORNEY (Name and Address):	FOR COURT USE ONLY	
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	ELEPHONE NO. (Optional): FAX NO. (Optional):		
E-	MAIL ADDRESS (Optional):		
	CHILD'S NAME:		
-	UPERIOR COURT OF CALIFORNIA, COUNTY OF		
3	STREET ADDRESS:		
	MAILING ADDRESS:		
	CITY AND ZIP CODE:		
	BRANCH NAME:		
	NOTICE OF HEARING ON JOINDER—JUVENILE	CASE NUMBER:	
1.	Child's name:		
2	Date of hirth:		
۷.	Date of birth:		
3. The child is under dependency delinquency jurisdiction.			
A p	portunity to be heard, any agency or private service provider that has failed to meet a legal private service provider is an agency or individual receiving federal, state, or local governatives to dependent children or wards of the court.  A hearing on joinder will be held in this court as follows:		
¬.		. Div.	
L	a. Date: Time: Dept.: Room:	Div.:	
	b. Address of court: is shown above. other (specify):		
5.	The name of the person and/or agency to be joined is:		
6.	Facts supporting the allegation that the person or agency to be joined has failed to meet child (specify):	a legal obligation to provide services to the	
	Continued in the attached declaration.		

CHILD'S NAME:	CASE NUMBER:	
The court poses the following questions to the individual or agency regarding services provided to the child:		
B. The court requests:		
a. That agency representatives meet prior to the hearing to coordinate services and address any alleged failure to meet legal obligations to the child.		
b. That the agency submit a written response to the court at least five court do	ays prior to the hearing.	
Date:		
	JUDICIAL OFFICER	